FEC FORM 1

Image# 26930081488

## STATEMENT OF ORGANIZATION

FORM 1	(See instru	_	Office use only
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5
21ST CENTUR	Y PAC	<u> </u>	
1			
ADDRESS (number and	street) 2052 Lake Audobo	on Court	
(Check if addr is changed)	ess Reston		VA 20191 – 1
COMMITTEE'S E-MA	IL ADDRESS	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
	<u> </u>	1 1 1 1 1 1 1 1 1 1 1	
		1 1 1 1 1 1 1 1 1 1 1	
COMMITTEE'S FAX N 7033918703	NUMBER		
2. DATE <b>0.4</b>			
3. FEC IDENTIFICA	ATION NUMBER	C C00315747	
4. IS THIS STATEM	MENT X NEW (N) OF	AMENDED (A)	
I certify that I have exami	ined this Statement and to the best of my	knowledge and belief it is true, correct a	nd complete
Type or Print Name of	Treasurer Lisa Lisker		
Signature of Treasurer	Electronically Filed by Lisa Lis	sker	Date 0 4 / 0 1 9 / Y Y Y Y Y Y
NOTE: Submission of fa		may subject the person signing this Sta	tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530	

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5.	5. TYPE OF COMMITTEE (Check One)	OF COMMITTEE (Check One)				
(a) This committee is a principal campaign committee. (Complete the candidate information below.)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Candidate					
	Candidate Office Party Affiliation Sought:	House Senate	State President District			
	(c) This committee supports/opposes only one	candidate, and is NOT an authorized comm	nittee.			
	Name of Candidate					
	(d) This committee is a  (e) This committee is a separate segregated fur  (f) X This committee supports/opposes more than committee.	(Democratic, Republican,etc.) Party.				
6.	8. Name of Any Connected Organization or Affiliated Con	mmittee				
	None					
L						
	Mailing Address					
		<u> </u>				
	c	TE▲ ZIP CODE ▲				
Relationship  Type of Connected Organization:						
Corporation Corporation w/o Capital Stock			Labor Organization			
		de Association	Cooperative			

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Write or Type Com	mittee Name						
21ST CENTU	JRY PAC						
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name	Kellie Cochran Full Name						
Mailing Address		2052 Lake Audubon	Ct.				
		Reston		<u> </u>	20191 _		
Title or Position	<b>∀</b>	CITY A	STAT	E▲	ZIP CO	DE A	
	Assistant Trea	surer	Telephone number	703		8701	
3. Treasurer: List name and add Full Name of Treasurer  Mailing Address	dress of any desi	address (phone number option gnated agent (e.g., assistant trees agent (e.g., assistant trees agent) agent (e.g., assistant trees agent	easurer).	e commi	ttee; and the		
	_	Alexandria		<u> </u>	<b>22314</b> _		
Title or Position	₩	CITY A	STAT	Ε <b>Δ</b>	ZIP CO	DE 🛦	
	Treasurer		Telephone number	703	549 _	7705	
Full Name of Designated Agent	Kellie Coch	ran					
Mailing Address	_	2052 Lake Audubon	Ct.				
	_	Reston	VA	<u> </u>	20191 _		
Title or Position	<b>∀</b>	CITY A	STAT	E▲	ZIP COI	DE A	
	Asst. Treasure	r	Telephone number	703	_ 391 _	8701	

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9.	<ul> <li>Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rer safety deposit boxes or maintains funds.</li> <li>Name of Bank, Depository, etc.</li> </ul>					
		via Bank				
	Mailing Address	20th & L Streets, NW				
		Washington DC 2	20036   _ [			
		CITY 🛆 STATE 🛆	ZIP CODE 🛆			